

BUDGET NARRATIVE

We attest that requested federal funding will not supplant any other funding sources.

A. Personnel

SIM Funds	Year 1	Year 2	Year 3	Year 4	TOTAL
	\$1,166,816	\$1,555,556	\$1,633,337	\$1,715,004	\$6,070,713

In Kind: \$3,523,376 Total: \$9,594,089

In-kind: PMO will fund 9 positions: (a) Director of Health Innovation, to oversee and coordinate all SIM initiatives; (b) Administrative Assistant, to provide overall administrative support; (c) Secretary 1, to perform a variety of secretarial duties, including staffing the Consumer Advisory Board (CAB); (d) two Durational Project Managers, one to lead Medicaid reform, population health and health equity projects, and one to lead CMMI grant application management, stakeholder engagement, and communications; (e) Fiscal Administrative Officer, to supervise the PMO's fund accounting, contract preparation and monitoring; and (f) three Health Program Associates, to conduct public relations and communications activities, engage in employer and consumer stakeholder engagement, and oversee a contracted health program coordinator for the CAB. DSS will fund a Health Program Assistant 2 and Associate Accountant to support the development of waiver or state plan amendment options for the population health strategy.

SIM Funds: Annual salary estimates are based on mid-salary range of current state employee compensation plans (10 months in the first year, and 12 months in Years 2-4). Annual amounts are increased 5% in years 2-4 to account for estimated contractual increases.

Position Title	Year 1	Year 2	Year 3	Year 4	Total
<i>Physician 2</i>	104,111	131,180	137,739	144,626	517,655
DPH-Leads all aspects of the DPH-based SIM Work to develop and advance a cohesive, unified					

Position Title	Year 1	Year 2	Year 3	Year 4	Total
public health approach including integration of population health and health equity					
<i>Epidemiologist 3</i>	71,140	89,636	94,118	98,824	353,718
DPH-Works under the direction of the Physician 2 and provides overall population health analytic support and identification of high risk and priority populations					
<i>Epidemiologist 3</i>	0	85,368	89,636	94,118	269,122
DPH – Starts in Year 2; maintains and annually updates a model-based town-level population estimation system; develops computer programs to calculate associated age-adjusted indicators					
<i>Epidemiologist 2</i>	56,336	70,984	74,533	78,260	280,113
DPH – Conducts BRFSS analyses of populations and sub-populations, behavioral risks, health status, and prevalence of obesity, diabetes, and tobacco use					
<i>Primary Prevention Services Coord.</i>	73,828	93,023	97,674	102,558	367,083
DPH-Aligns and coordinates statewide activities addressing obesity, tobacco use, diabetes, and other priority chronic diseases; coordinates efforts among multiple DPH prevention programs					
<i>Org. Development Specialist</i>	67,307	84,806	89,047	93,499	334,659
DPH - Supports population health quality planning activities; ensures performance, accountability, and quality assessments are comprehensively reported and completed					
<i>Health Program Associate</i>	59,010	74,353	78,071	81,974	293,408
DPH –Provides support to Physician 2 in developing the population health plan with a specific focus on researching and analyzing evidence based approaches to address identified priorities.					
<i>Health Program Associate</i>	59,010	74,353	78,071	81,974	293,408
DPH- Facilitates engagement of local health agencies and their partners in the community whose activities address the social determinants of health; reviews community health needs					

Position Title	Year 1	Year 2	Year 3	Year 4	Total
<i>Secretary 2</i>	45,083	56,804	59,645	62,627	224,159
DPH - Provides clerical and administrative support to Physician 2, Epidemiologist 3, Health Program Associate, and Primary Prevention Services Coordinator positions					
<i>Health Program Assistant 2</i>	49,941	62,925	66,072	69,375	248,313
DSS – Supports activities relating to MQISSP, including coordination with the actuarial contractor, aligning attribution methodology, and developing provider requisites and RFPs					
<i>Associate Accountant</i>	71,598	90,214	94,725	99,461	355,998
DSS – Provides financial support to MQISSP, including budget development and analysis; financial modeling; and detailed development and review of shared savings calculations					
<i>Accountant (Trainee)</i>	43,218	54,455	57,178	60,037	214,888
DSS-Supports the financial reporting requirements of both MQISSP and potential waivers and state plan amendments; supports Associate Accountant to meet workload demands					
<i>Research Analyst</i>	58,641	73,887	77,582	81,461	291,571
PMO- Develops and implements formal research projects; works with evaluation, cost, quality, care experience, and data analytics vendors to prepare data and formulate reports					
<i>Primary Care Transformation Mgr</i>	92,543	116,604	122,434	128,556	460,137
PMO - Manages staff /operations of primary care transformation; oversees AMH Glide Path implementation, learning collaboratives, targeted technical assistance, and Innovation Awards.					
<i>Grants/Contracts Specialist</i>	70,541	88,881	93,326	97,992	350,740
PMO - Administers procurements and provides contract administrative support for the PMO					
<i>Health Program Associate</i>	58,163	73,286	76,950	80,798	289,197
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Position Title	Year 1	Year 2	Year 3	Year 4	Total
<i>Health Program Associate</i>	58,163	73,286	76,950	80,798	289,197
PMO- Each position will be responsible for the respective implementation, facilitation, and tracking of the following primary care transformation initiatives: (1) AMH Glide Path; (2) Targeted Technical Assistance; and (3) Learning Collaboratives and Innovation Awards.					
<i>Nurse Consultant</i>	70,020	88,225	92,636	97,268	348,149
OHA- Handles disputes/complaints related to under-service from providers and consumers.					

B. Fringe Benefits

	Year 1	Year 2	Year 3	Year 4	TOTAL
SIM Funds	\$914,038	\$1,221,125	\$1,282,185	\$1,346,294	\$4,763,642

In Kind: \$2,670,135 Total: \$7,433,777

In-kind: Costs include fringe associated with in-kind DSS and in-kind PMO personnel.

SIM Funds: Estimated fringe benefits are based on a percentage of salary, as assessed by the State Comptroller for FY 2015. State agency rates differ due to variance in the average cost of the life and medical insurance for that particular agency.

	Fringe Rate	Year 1	Year 2	Year 3	Year 4	Total
DPH	81.34%	435,840	618,596	649,528	682,003	2,385,967
DSS	75.80%	124,886	157,356	165,225	173,486	620,953
PMO	75.78%	353,312	445,173	467,432	490,805	1,756,722

C. Travel

	Year 1	Year 2	Year 3	Year 4	TOTAL
SIM Funds	\$18,555	\$15,913	\$18,921	\$16,008	\$69,397

In Kind: \$4,800 Total: \$74,197

In-kind: In-kind travel costs support PMO staff to multiple meetings and focus groups related to consumer engagement. SIM Funds: Travel estimates are based on average airfare rates and lodging/MIE per diem rates from the US General Services Administration.

In-State Travel	Year 1	Year 2	Year 3	Year 4	Total
<i>Mileage Reimbursement</i>	2,170	2,488	2,536	2,583	9,777
DPH travel costs support attendance at meetings and presentations to further SIM project goals, participation in discussions that support development of the population health plan. <i>Calculation</i> : 40 miles a month * 56.5 cents/mile, adjusted in years 2-4 for inflation.					

Out of State Travel	Year 1	Year 2	Year 3	Year 4	Total
<i>National Meeting (DPH)</i>	2,960	0	2,960	0	5,920
Costs support: Physician 2 travel to two national meetings to stay current with the evidence base and innovations in addressing health equity; Epidemiologist 3 travel to two national meetings on best practices in data and analytics related to population health management. <i>Calculation</i> : 2 staff * 2 trips * (\$320 round trip airfare + (4 days*\$219/lodging + \$71 MIE)).					
<i>BRFSS Conference (DPH)</i>	2,885	2,885	2,885	2,885	11,540
Costs support Epidemiologist 2 travel to annual BRFSS conference on current modeling, analysis, and interpretation of results. <i>Calculation</i> : 4 staff *1 trip/year* (\$550 RT airfare + (5 days*\$156/lodging + \$66 MIE) + \$1,100 registration + \$50 baggage fees + \$75 transportation).					
<i>SIM Conferences (PMO)</i>	7,320	7,320	7,320	7,320	29,280
Costs support travel for the Director of Health Innovation, Primary Care Transformation Manager, and 2 Health Program Associates to attend SIM workshops and conferences as specified in the funding announcement. <i>Calculation</i> : 3 trips/year * 4 staff * (\$219/lodging +\$71					

Out of State Travel	Year 1	Year 2	Year 3	Year 4	Total
MIE+\$320 RT airfare).					
<i>Consumer Annual Conference</i>	3,220	3,220	3,220	3,220	12,880
Costs support CAB members to attend annual conferences on consumer engagement best practices. <i>Calculation:</i> 1 trip/year * 2 CAB leaders * (\$219/lodging +\$71 MIE+\$320 round trip airfare+\$1,000 registration).					

D. Equipment We will not be requesting any federal funding for equipment.

E. Supplies

SIM Funds	Year 1	Year 2	Year 3	Year 4	TOTAL
	\$28,646	\$8,358	\$2,754	\$2,809	\$42,567

In Kind: \$247,233 Total: \$289,800

In-kind: PMO will fund costs for general office supplies for the PMO in-kind positions listed in the Personnel section, the required database software for the Nurse Consultant in-kind position and miscellaneous supplies for the CAB including the translation and printing of materials.

SIM Funds: Supplies will be used to carry out daily activities related to the SIM grant and will be used 100% for SIM-related program objectives.

Supplies	Year 1	Year 2	Year 3	Year 4	Total
<i>General Office Supplies (DPH)</i>	2,000	2,700	2,754	2,809	10,263
Costs support general office supplies including paper, pens and staples for DPH staff. Estimated costs are \$25/month and are adjusted for inflation in years 2-4.					
<i>PC Monitors (DPH)</i>	240	120	0	0	360
Costs support additional monitors (\$120/each) for the 3 Epidemiologist positions (2 in year 1,					

Supplies	Year 1	Year 2	Year 3	Year 4	Total
one in year 2) to assist with analyses, data reviews, and presentations so that both written information and data and analyses can be viewed and crossed checked at the same time.					
<i>Computers and Software (DPH /PMO)</i>	15,150	1,010	0	0	16,160
Costs support computers and software (\$1,010/person) for the grant-funded PMO positions and DPH positions (8 in year 1, 1 in year 2) to carry out daily functions related to SIM grant.					
<i>Software Licenses (DPH)</i>	9,056	4,528	0	0	13,584
Costs support funding for SAS (\$1,500/license), ArcGIS (\$1,500/license), Instant Atlas (\$1,225/license), and Adobe Professional (\$303/license) licenses for the Epidemiologist positions (2 in year 1, 1 in year 2) for data analysis and identification of high risk populations.					
<i>Laptop (PMO)</i>	2,200	0	0	0	2,200
Cost supports a laptop for CAB offsite meeting presentations, focus groups, listening sessions, and other consumer engagement activities.					

F. Contractual

	Year 1	Year 2	Year 3	Year 4	TOTAL
SIM Funds	\$7,741,972	\$16,465,839	\$14,096,659	\$14,469,461	\$52,773,931

In Kind: \$12,422,681 Total: \$65,196,612

In-kind: DSS will contract for actuarial services to support the implementation of the population health plan, including: potential waiver applications/state plan amendments; procurement, and financing for HECs. The PMO will contract with a program coordinator to support consumer engagement, and consultants to support: administration and facilitation of the various planning councils and workgroups; on-line physician licensing survey and analytics; workforce analytics; initial evaluation design; and practice transformation support. SIM Funds: Consultants and

contractors engaged in SIM initiatives that are not currently under contract or classified as state vendors will be secured via competitive bid / RFP process and will be held accountable by procuring agency via standard progress reporting.

Initiative	Year 1	Year 2	Year 3	Year 4	Total
<i>Population Health</i>	523,000	443,000	343,000	343,000	1,652,000
DPH will procure: (1) a consultant to facilitate stakeholder meetings and to assist in the development of the population health plan (estimated 204 days over 2 years, \$120 hourly); and (2) a consultant to develop and test a statistical modeling system that uses currently available data to create a consistent series of annual post-censal, town-level population estimates (estimated 130 days during Year 1 at \$120 hourly). DPH will use its existing contract with ICF Macro International to double the CT BRFSS sample size for sufficient statistical power to generate small area estimates for population subgroups (2,000 land line interviews at \$50/interview and 3,000 cell phone interviews at \$81/interview).					
<i>Medicaid QISSP</i>	2,068,764	1,166,830	2,251,308	1,913,186	7,400,088
DSS will expand existing contracts with Mercer Consulting to perform various activities related to the establishment of the Medicaid QISSP, including procurement for FQHCs and Advanced Networks, program design and evaluation, actuarial support, and Community Health Network of Connecticut (CHN-CT) to develop and implement under-service monitoring tools. (Mercer Consulting \$5,850,000, CHNCT \$1,550,086)					
<i>AMH Glide Path</i>	601,749	4,496,168	1,686,047	4,082,911	10,866,875
PMO will procure practice transformation support vendors to assist 500 practices to achieve AMH status. Average estimated cost per practice is \$16,000 with a 12 month average duration. Enrollment estimates: 75 practices in year 1; 175 practices in year 2; 175 practices in year 3; and					

Initiative	Year 1	Year 2	Year 3	Year 4	Total
75 practices in year 4. PMO contract includes requirement to facilitate learning collaboratives (LC), development/ monitoring of online collaboration site, quarterly seminars, annual symposium, monthly webinars, and conference calls. Includes funding for expansion of existing CHNCT contract for administration of the glide path process – total of \$366,875 over four years.					
<i>Targeted Technical Assistance</i>	375,000	1,500,000	1,500,000	1,500,000	4,875,000
PMO will procure a contract with targeted technical assistance vendors to provide specialized transformation support in 9 areas over the course of two, 18-month waves and development and facilitation of 2 LCs, one each for Advanced Networks and FQHCs.					
<i>Innovation Awards</i>	1,500,000	1,500,000	1,500,000	1,500,000	4,500,000
Innovation awards for MQISSP participating FQHCs and Advanced Networks will be available as competitive awards in the 9 targeted technical assistance areas. Approximately 10-15 organizations will receive awards ranging from \$300,000 to \$450,000.					
<i>Care Experience Survey</i>	0	308,700	308,700	0	617,400
PMO will procure for the creation and implementation of a cross-payer care experience survey tool selected by the Quality Council and approved by the Steering Committee in Year 1.					
<i>Health Information Technology</i>	1,764,315	4,760,092	4,627,294	3,246,881	14,398,582
DSS will contract with UConn for overall HIT/Analytics strategic planning/support, including: staffing costs, travel, supplies and fringe - \$2.44 M; DSS will acquire/implement Care Analyzer-\$700K, Consent Registry- \$1.54M, 1-3 Disease Registries & Mobile Medical Applications - \$2.2M, EMPI-Nextgate-\$390K, PHR-MyChart_\$2.4M, Provider Directory-NextGate-\$405K, Direct Messaging/ADT-\$600K, Edge Servers/Indexing/eCQM-\$1M, EHR-SaaS-\$735K; BEST					

Initiative	Year 1	Year 2	Year 3	Year 4	Total
hosting services-\$480K; crowd sourcing-\$360K; expert facilitator for HIT Plan development-\$350K; and APCD edge server linkage and integration of Medicaid data- \$540K.					
<i>Community Health Worker</i>	217,531	253,223	261,695	264,729	997,178
UConn, in collaboration with CT AHEC, will support strategic planning, marketing support and product development; conduct workforce needs assessment; develop training curriculum and certification program; develop placement and community college partnership program; evaluate program; develop sustainability models; and facilitate stakeholder meetings/annual conference.					
<i>Inter-professional Education</i>	210,426	240,379	230,629	230,768	912,202
UConn, in collaboration with CT AHEC, will identify educational partners and health professions training programs; develop on-line repository for material; develop communication channels for partners; conduct informational sessions; host regional meetings and annual conference; share best practices; develop and incorporate IPE team-based curricula and IPE training sites throughout the state, design and develop evaluation.					
<i>Teaching Health Center</i>	413,201	409,461	0	0	822,662
PMO will request approval for a sole source contract in compliance with state procurement rules to contract with the Community Health Center Association of Connecticut to design/implement a statewide teaching health center consortium.					
<i>VBID</i>	216,394	36,394	36,394	36,394	325,576
PMO will procure 3 subject matter expert panelists for employer VBID learning collaborative (1 day per consultant per collaborative @ \$1,500 honorarium plus travel & expenses); and 1 contractor to facilitate employer-led consortium meetings to develop a VBID template and toolkit, and to facilitate 3 annual learning collaboratives.					

Initiative	Year 1	Year 2	Year 3	Year 4	Total
<i>Consumer Engagement</i>	101,592	101,592	101,592	101,592	406,368
PMO will procure: (1) 4 independent subject matter experts per year for quarterly CAB presentations (1 day per consultant per collaborative @ \$1,500 honorarium plus travel & expenses); (2) one facilitator for 4 issue-based consumer focus groups and 4 listening sessions per year @ \$5,000 each; (3) contracted interpreter services for CAB meetings and focus groups @ \$200 per meetings for 20 meetings per year; and (4) funding for six community organizations for quarterly consumer outreach and engagement and feedback loops @ \$2,000 each.					
<i>Program Evaluation</i>	1,250,000	1,250,000	1,250,000	1,250,000	5,000,000
The PMO intends to contract with UConn and Yale (sub-contractor) to undertake all program evaluation activities.					

G. Other

	Year 1	Year 2	Year 3	Year 4	TOTAL
SIM Funds	\$736	\$1,160	\$1,455	\$1,485	\$4,836

In Kind: \$114,160 Total: \$118,996

In-kind: PMO will fund an annual Innovators Conference; CAB GoToMeeting Subscriptions for learning collaboratives and CAB meetings; consumer portals; conference facility, materials design and printing related to learning collaboratives; and stipends for consumer focus groups and listening sessions. SIM Funds. “Other” costs will support SIM-related program objectives.

Other	Year 1	Year 2	Year 3	Year 4	Total
<i>Telephone Installation (DPH)</i>	320	40	0	0	360
Costs support the installation of dedicated phone lines for 9 DPH staff (\$40/phone)					

<i>Copier Expense (DPH)</i>	416	468	477	487	1,848
An administrative printer/copier expense is included for maintenance associated with everyday printing/copy costs for 9 DPH staff assigned to this project. Standard estimates are based on average costs/ staff usage: 50 pages/week * 20 cents per page, adjusted in years 2-4 for inflation.					
<i>License Renewal (DPH)</i>	0	652	978	998	2,628
Software license renewals in Year 2, 3, and 4 are included for each of the 3 Epidemiologists positions associated with the need for SAS, ArcGIS and Instant Atlas.					

I. Total Direct Costs

	Year 1	Year 2	Year 3	Year 4	TOTAL
A. Personnel	1,166,816	1,555,556	1,633,337	1,715,004	6,070,713
B. Fringe Benefits	914,038	1,221,125	1,282,185	1,346,294	4,763,642
C. Travel	18,555	15,913	18,921	16,008	69,397
D. Equipment	0	0	0	0	0
E. Supplies	28,646	8,358	2,754	2,809	42,567
F. Contractual	7,741,972	16,465,839	14,096,659	14,469,461	52,773,931
H. Other	736	1,160	1,455	1,485	4,836
I. Total Direct Costs	9,870,763	19,267,951	17,035,311	17,551,061	63,725,086
In-kind Total	5,930,911	4,993,410	3,839,392	4,218,672	18,982,385
GRAND TOTAL	15,801,674	\$24,261,361	\$20,874,703	\$21,769,733	\$82,707,471